DOCUMENT RESUME

ED 465 428 PS 030 332

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TITLE	Early Development and School Readiness from the Perspective of Addressing Barriers to Learning. A Center Brief.
INSTITUTION	California Univ., Los Angeles. Center for Mental Health in Schools.
SPONS AGENCY	Health Resources and Services Administration (DHHS/PHS), Washington, DC. Maternal and Child Health Bureau.; Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Mental Health Services.
PUB DATE	2001-11-00
NOTE	30p.
CONTRACT	U93-MC-00175
AVAILABLE FROM	Center for Mental Health in Schools, UCLA, Box 951563, Los Angeles, CA 90095-1563. Tel: 310-825-3634; Fax: 310-206-8716; e-mail: smhp@ucla.edu; Web site: http://smhp.psych.ucla.edu.
PUB TYPE	Opinion Papers (120) -- Reports - Descriptive (141)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Change Strategies; Early Childhood Education; *Educational Change; Educational Policy; *Learning Readiness; Models; *Public Policy; *School Readiness; Young Children
IDENTIFIERS	*Barriers to Participation

ABSTRACT

Interest in early education and school readiness gives rise to opportunities for promoting health development as well as addressing barriers to development and learning. This brief highlights the need to approach early education and school readiness from a perspective of addressing barriers. The brief discusses the marginalization and fragmentation that characterizes early childhood policies and practices, the need to approach school readiness in the context of efforts to expand school reform, and the type of comprehensive and multifaceted frameworks that should guide school readiness policy and practice. Central policy concerns include coalescing resources and decreasing marginalization. Dimensions of school readiness are presented, and the need to fully integrate approaches to promote school readiness into education and community reforms are highlighted. The brief provides examples of barriers to development and learning as well as delineating protective factors, including risks or protective factors related to neighborhood, family, preschool and peer relationships, and individual characteristics. Included is a three-component model of interconnected systems for meeting the needs of all children, providing a continuum of programs and services ensuring use of the least intervention needed: (1) instructional component to facilitate learning; (2) management component for governance and resource management; and (3) enabling component to address barriers to learning. The brief contends that the enabling component provides a unifying concept for responding to a wide range of factors interfering with learning and performance. The use of this framework at one school site is then discussed, and "curriculum" areas for the enabling component are presented, including enhancing teacher capacity for addressing problems, enhancing home involvement, and providing outreach in the community to build linkages and collaboration. (Contains 31 references.) (KB)

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Mental Health in Schools Center
Training and Technical Assistance

A Center Brief . . .

Early Development and School Readiness from the Perspective of Addressing Barriers to Learning

November, 2001

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Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration (Project #U93 MC 00175) with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Both are agencies of the U.S. Department of Health and Human Services.

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The UCLA Center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. In particular, it focuses on comprehensive, multifaceted models and practices to deal with the many external and internal barriers that interfere with development, learning, and teaching. Specific attention is given policies and strategies that can counter marginalization and fragmentation of essential interventions and enhance collaboration between school and community programs. In this respect, a major emphasis is on enhancing the interface between efforts to address barriers to learning and prevailing approaches to school and community reforms.

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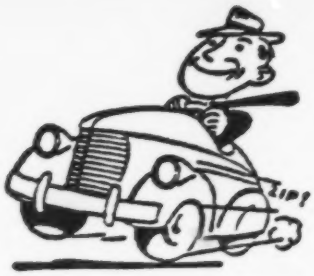

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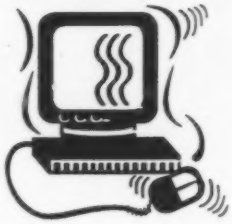

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Preface

Renewed interest in early education and school readiness gives rise to opportunities not only to promote healthy development, but to address barriers to development and learning. To support efforts along these lines, the Center compiled an introductory packet in May 2001 entitled: *Early Development and Learning from the Perspective of Addressing Barriers* (downloadable from our website – http://smhp.psych.ucla.edu).

Given the many requests for the introductory packet, the following brief was prepared to draw further attention to the need to approach early education and school readiness from an addressing barriers orientation. It is from this perspective that we discuss on the following pages:

- the marginalization and fragmentation that characterizes early childhood policies and practices
- the need to approach school readiness in the context of efforts to expand school reform
- the type of comprehensive and multifaceted frameworks that should guide school readiness policy and practice.

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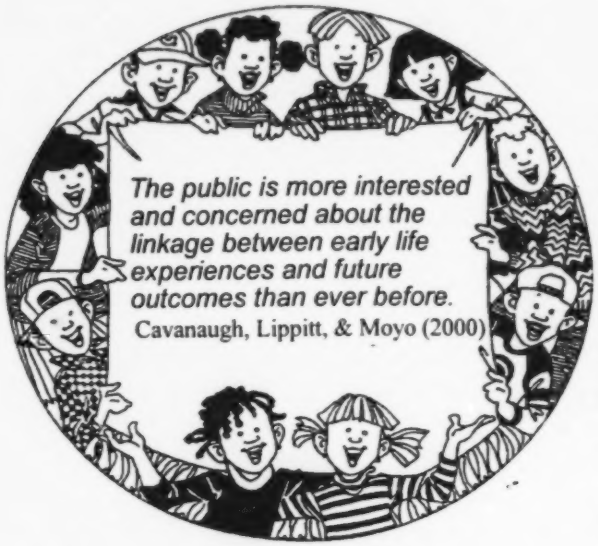
Early Development and School Readiness from the Perspective of Addressing Barriers to Learning

Howard Adelman & Linda Taylor
Center for Mental Health in Schools
at UCLA


The public is more interested and concerned about the linkage between early life experiences and future outcomes than ever before.
Cavanaugh, Lippitt, & Moyo (2000)

Over the past decade there has been renewed interest in facilitating early development and learning. Beside the normal tendency for us all to want our children to have a good start in life, three movements have stimulated formal interventions to ensure this happens. One push comes from interpretations of recent brain research that underscore how early experiences effect the developing brain. A second thrust arises from research showing positive outcomes of early interventions with children who have special needs. A third influence is filtering down from the school accountability movement and is pressuring kindergartens and preschools to focus greater efforts on reading readiness and cognitive functioning.

The lens we bring to the topic is that of the need to address barriers to development and learning. In doing so, we are concerned with interventions that can counter the negative impact of external and internal factors that can interfere with development and learning.

Addressing Barriers

There are a variety of genetic, prenatal, perinatal, and postnatal factors that can lead to variations in development and problems with learning and behavior. Because the seeds are planted early, early-age intervention is indicated. In a real sense, early-age intervention represents a basic application of the principle of least intervention needed. This principle calls for efforts to prevent problems before they appear, meeting specific needs as soon as they are apparent, and doing so in the least intrusive and disruptive manner feasible.

Prevention

A proactive approach to addressing barriers involves doing something to prevent them. Thus, in addition to improving prenatal care, there is increasing emphasis on providing programs for young children. Some are broad-band programs designed to reach as many people as possible (for example, public health campaigns, community-based parent education, television programs such as

Sesame Street). Others are designed for designated groups seen as high risk populations (i.e., premature babies who have significant early health problems, live in impoverished or hostile environments, manifest serious lags in development, or manifest serious adjustment problems.)

Some high-risk children are easier to identify than others. In the easy cases, procedures are used to find and refer them to special programs. However, because there are spurts and plateaus in human development, it can be difficult to differentiate problems from normal variations. When identification is difficult, rather than screening for individual problems, broad-band prevention programs are indicated. Broad-band, primary prevention for learning, behavior, and emotional problems promotes and maintains family planning and the well-being of infants in utero, as well as their safety and physical and mental health after birth.

Two major forms of preventive intervention are advocated widely. One is the provision of pre-, peri-, and neonatal care, such as prenatal and well-child clinics and infant immunization outreach services. A second form is community education, such as parent programs to improve infant/child nutrition and physical safety and to increase stimulation.

Early-Age Intervention

Perhaps the most familiar early-age intervention programs are health programs, day care, and early education programs (e.g., Head Start). Other examples of early-age interventions specifically designed to address barriers include programs to educate parents about lead poisoning, about the value of cognitive stimulation activities for babies who experienced prenatal anoxia, and about meeting the needs of low-birth-weight and premature infants. Special attention may be given to young children from low socioeconomic and other high-risk populations and for mild to moderately handicapped children. The hope is to prevent problems and, when necesssary, to begin problem correction as early after onset as is feasible, thereby minimizing the severity and pervasiveness of subsequent problems.

A strong intervention emphasis is on enhancing individual capabilities (e.g., assets) and protective factors in order to minimize the impact of current and subsequent environmental deficiencies and personal vulnerabilities. The focus for young, at-risk children may aim at fostering development in a combination of areas (perceptual, motoric, language, cognitive, social, and emotional). Usually there are activities related to gross and fine motor skills, language (especially communication skills), visual and auditory perception and memory, basic cognitive and social competence (problem solving and self-help skills, cooperative social interactions), and positive feelings about self and others.

Sparse public funding tends to force community-based public agencies to focus primarily on a host of designated problems. Clearly, a focus solely on fixing problems is too limited. Moreover, it is counterproductive. Overemphasis on problems diminishes efforts to promote healthy development, limits opportunity, and can be motivationally debilitating to all involved. While community agencies give the appearance of a "fix-problems-first" bias, schools deal with most problems as a last resort. This is not surprising since their assigned mission is to educate. The shift needed is one that moves toward a better understanding of the role schools must play in both promoting development ***and*** addressing barriers.

Those concerned with bettering the lot of youngsters share a common purpose – development of strategies focused on benefitting youngsters, families, and neighborhoods. However, the strategies are extremely fragmented (see the figure on the next page). Across the country a dialogue has begun about promoting child and youth development and addressing barriers to development and learning in a more cohesive and less marginalized manner.

> *Early childhood policies and practices are highly fragmented, with complex and confusing points of entry that are particularly problematic for underserved segments of the population and those with special needs. This lack of an integrative early childhood infrastructure makes it difficult to advance prevention-oriented initiatives for all children and to coordinate services for those with complex problems.*
>
> National Research Council, Institute of Medicine (2000)
> *From Neurons to Neighborhoods:*
> *The Science of Early Childhood Development*

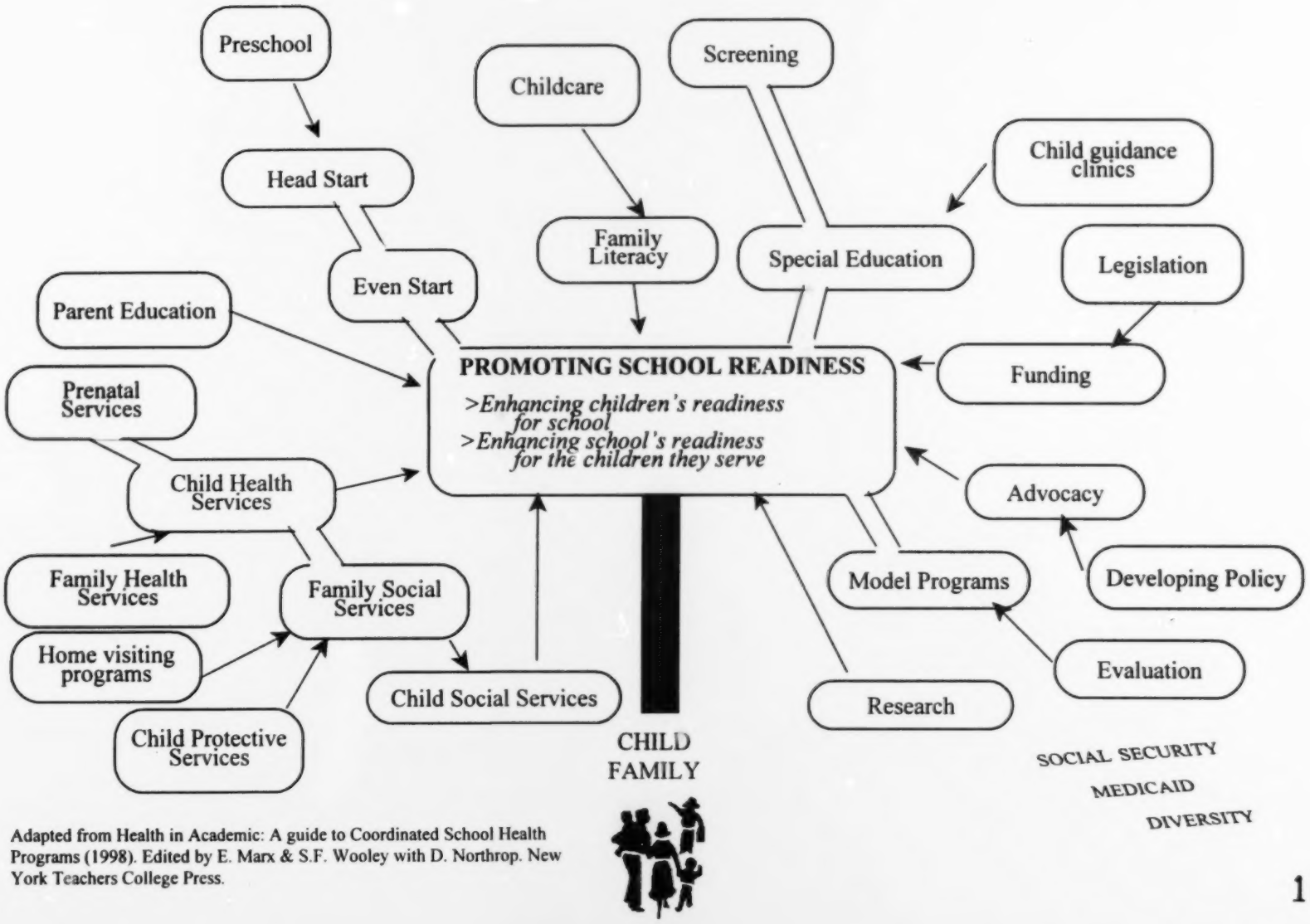
In our work, we stress the importance of developing a continuum of interventions that together comprise a comprehensive, multifaceted, and cohesive approach. The continuum is illustrated by the figure on page 5. Other documents from our Center discuss the nature, scope, and implications of such a comprehensive approach. (These documents can be accessed through the Center's website – http://smhp.psych.ucla.edu)

Central Policy Concerns

1. ***Coalescing resources (reducing fragmentation) in the best interests of youngsters, families, schools, neighborhoods, and society.***

2. ***Decreasing marginalization.*** Efforts to promote healthy development and address barriers are marginalized in policy and practice. Such marginalization contributes to scarcity and fragmentation.

Talk About Fragmented!



Adapted from Health in Academic: A guide to Coordinated School Health Programs (1998). Edited by E. Marx & S.F. Wooley with D. Northrop. New York Teachers College Press.

Interconnected Systems for Meeting the Needs of All Children

Providing a ***CONTINUUM OF PROGRAMS & SERVICES***

Ensuring use of the ***LEAST INTERVENTION NEEDED***

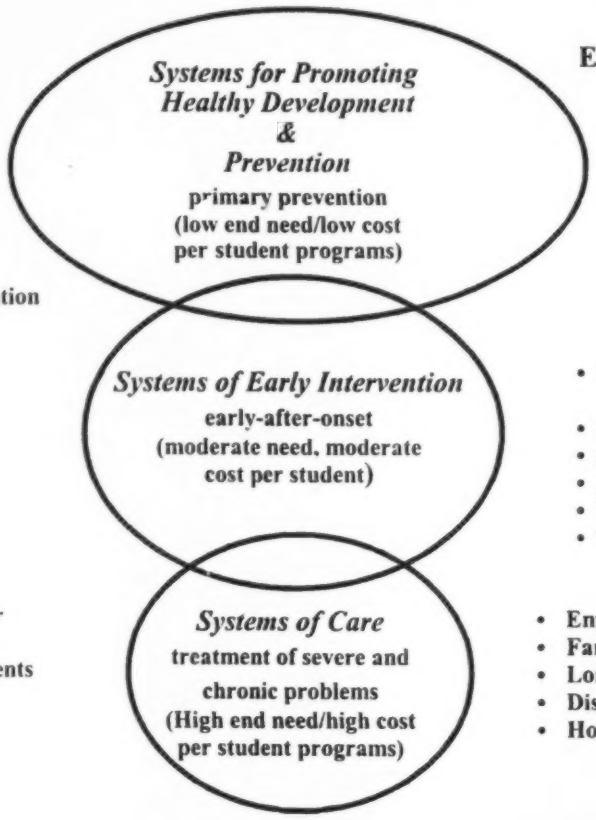
Early Education/School **Resources**
(facilities, stakeholders, programs, services)

Examples:

- **Enrichment & recreation**
- **General health education**
- **Promotion of social and emotional development**
- **Support for transitions**
- **Parent involvement & education**

- **Learning/behavior accommodations**
- **Violence prevention**
- **Family counseling**

- **Special education for disabilities, and other health impairments**


Systems for Promoting Healthy Development & Prevention
primary prevention (low end need/low cost per student programs)
Systems of Early Intervention
early-after-onset (moderate need, moderate cost per student)
Systems of Care
treatment of severe and chronic problems (High end need/high cost per student programs)

Community **Resources**
(facilities, stakeholders, programs, services)

Examples:

- **Child development programs**
- **Public health & safety programs**
- **Prenatal care**
- **Immunizations**
- **Recreation & enrichment**
- **Child abuse education**

- **Early identification to treat health problems**
- **Monitoring health problems**
- **Short-term counseling**
- **Foster placement/group homes**
- **Family support**
- **Shelter, food, clothing**

- **Emergency/crisis treatment**
- **Family preservation**
- **Long-term family counseling**
- **Disabilities programs**
- **Hospitalization**

Systemic collaboration* is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among *systems* for promoting healthy development and *prevention*, *systems* of *early intervention*, and *systems of care*.

***Such collaboration involves horizontal and vertical restructuring of programs and services among and within jurisdictions.**

Promoting School Readiness through Expanded School Reform

Schools and communities increasingly are being called on to meet the needs of all youngsters – including those experiencing commonplace problems. One of the National Education Goals formulated in the early 1990s states: *By the year 2000, all children in America will start school ready to learn.* Clearly, we have not met the goal.

One major emerging focus is on promoting school readiness – viewed as the processes involved in enhancing children's readiness for school and enhancing school readiness for the children they serve. For example, in formulating this goal, the National Education Goals Panel delineated school readiness as encompassing (1) readiness in the child, (2) schools' readiness for children, and (3) family and community supports and services that contribute to children's readiness (see the Exhibit on the following pages).[1]

Another way to see the challenge confronting those concerned with promoting school readiness is in terms of how to collaborate and maximize resources in ways that strengthen young people, their families, and neighborhoods. To meet this challenge, it is important to view things using the complementary lenses of addressing barriers to development and learning and promoting healthy development. In doing so, one must appreciate a range of policy and systemic change considerations – especially considerations related to connecting with school reform. Ultimately, efforts to promote school readiness must expand the way in which school and community reforms are conceived.

Based on work around the country, we stress the need to fully integrate approaches to promote school readiness into education and community reforms and to do so in ways that foster development of a comprehensive, multifaceted, and integrated continuum of interventions (see figure on page 5). Such an approach involves systemic changes and provides an expanded context for sustaining new initiatives and valued functions that have been developed with extramural support.

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[1] For a discussion of five dimensions of children's school readiness, see S.L. Kagan, E. Moore, & S. Brandekamp (1995). *Reconsidering Children's Early Development and Learning: Toward Common Views and Vocabulary.* Washington, DC: National Education Goals Panel, Goal 1 Technical Planning Group.
Also see: *School Readiness: Helping Communities Get Children Ready for School and Schools Ready for Children* (October, 2001). A Child Trends Research Brief (see www.childtrends.org)

EXHIBIT

Excerpts from: "School Readiness: Helping Communities Get Children Ready for School and Schools Ready for Children"
***Child Trends Research Brief* Oct. 2001**
4301 Connecticut Ave. NW Ste 100,
Washington DC 20008
202-362-5580 / fax 202-362-5533
Available online www.childtrends.org

What is School Readiness?

The bipartisan National Education Goals Panel (NEGP) was established in July 1990 to assess and report on state and national progress in meeting the eight National Education Goals set for the nation. The first of these goals stated "by the year 2000, all children in America will start school ready to learn"[1] In addressing this important goal, the NEGP identified three components of school readiness: (1) readiness in the child; (2) schools' readiness for children; and (3) family and community supports and services that contribute to children's readiness.

Readiness in children. The NEGP went beyond the conventional wisdom that limited school readiness in children to "narrowly constructed, academically driven definitions of readiness."[2] Instead, based on the research on child development and early education, the Panel argued for a broader definition that included physical, social, and emotional wellbeing, as well as cognitive readiness. [2] Ongoing research continues to confirm the need to think about children's readiness for school as multi-faceted. [3,4] The NEGP and subsequent research highlighted five dimensions of children's school readiness in its report *Reconsidering Children's Early Development and Learning. Toward Common Views and Vocabulary:*

- *Physical well-being and motor development.* This dimension covers such factors as health status, growth, and disabilities; physical abilities, such as gross and fine motor skills; and conditions before, at, and after birth, such as exposure to toxic substances.

- *Social and emotional development. Social development* refers to children's ability to interact with others. A positive adaptation to school requires such social skills as the ability to take turns and to cooperate. *Emotional development* includes such factors as children's perceptions of themselves and their abilities to both understand the feelings of other people and to interpret and express their own feelings.

- *Approaches to learning.* This dimension refers to the inclination to use skills, knowledge, and capacities. Key components include enthusiasm, curiosity, and persistence on tasks, as well as temperament and cultural patterns and values.

- *Language development.* This dimension includes verbal language and emergent literacy. Verbal language includes listening, speaking, and vocabulary. Emergent literacy includes print awareness (e.g., assigning sounds to letter combinations), story sense (e.g., understanding that stories have a beginning, middle, and end) and the writing process (e.g., representing ideas through drawing, letter-like shapes, or letters).

- *Cognition and general knowledge.* This aspect includes knowledge about properties of particular objects and knowledge derived from looking across objects, events, or people for similarities, differences, and associations. It also includes knowledge about societal conventions, such as the assignment of particular letters to sounds, and knowledge about shapes, spatial relations, and number concepts.

Readiness of schools. The NEGP urged a close examination of "the readiness and capacity of the nation's schools to receive young children."[2] To aid this examination, the Panel proposed ten

(cont.)

characteristics of "ready schools" - schools that are prepared to support the learning and development of young children. As stated in the Panel's report, *Ready Schools,* such schools:

- *smooth the transition between home and school.* For example, they show sensitivity to cultural differences and reach out to parents and children to prepare children for entering school.
- *strive for continuity between early care and education programs and elementary schools.*
- *help children learn and make sense of their complex and exciting world.* For example, they utilize high-quality instruction and appropriate pacing, and demonstrate an understanding that learning occurs in the context of relationships.
- *are committed to the success of every child.* They are sensitive to the needs of individual children, including the effects of poverty, race, and disability.
- *are committed to the success of every teacher and every adult who interacts with children during the school day.* They help teachers develop their skills.
- *introduce or expand approaches that have been shown to raise achievement.* For example, they provide appropriate interventions to children who are falling behind, encourage parent involvement, and monitor different teaching approaches.
- *are learning organizations that alter practices and programs if they do not benefit children.*
- *serve children in communities.* They assure access to services and supports in the community.
- *take responsibility for results.* They use assessments to help teachers and parents plan for individual students, and to measure accountability to the community.
- *have strong leadership.* They are led by individuals who have a clear agenda, the authority to make decisions, and the resources to follow through on goals, visibility, and accessibility.

Family and community supports for children's readiness. The NEGP identified three high-priority objectives that reflect important early supports for school readiness.[5] As stated in the Panel's *Special Early Childhood Report.*

- All children should have access to high quality and developmentally appropriate preschool programs that help prepare them for school.
- Every parent in the United States will be a child's first teacher and devote time each day to helping his or her preschool child learn. To accomplish this, parents should have access to the training and support they need.
- Children should receive the nutrition, physical activity, and health care they need to arrive at school with healthy minds and bodies and to maintain mental alertness. To this end, the number of low-birthweight babies should be significantly reduced through enhanced prenatal care.

1 The National Education Goals Panel (1997). *Getting a good start in school.* Washington, DC: Author.

2 Kagan, S. L., Moore, E., & Bradekamp, S. (1995). *Reconsidering children's early development and learning: Toward common views and vocabulary.* Washington, DC: National Education Goals Panel, Goal 1 Technical Planning Group.

3. Huffman, L. C., Mehlinger, S. L., & Kerivan, A. S. (2000). Risk factors for academic and behavioral problems at the beginning of school. In *Off to a good start.* Bethesda, MD: The Child Mental Health Foundations and Agencies Network (FAN).

4. Love, J. M., Aber, J. L., & Brooks-Gunn, J. (1994, October). *Strategies for assessing community progress toward achieving the first national educational goal* (MPR Reference No. 8113-110). Princeton, NJ: Mathematica Policy Research, Inc.

5. The National Education Goals Panel (1997). *Special early childhood report 1997.* Washington, DC: Author.

Current School Reforms and the Concern for Readiness

It is easy to set a goal stating that *all children in America will start school ready to learn*. It's easy to say that schools must ensure that *all* students succeed. If all students came to school every day ready and able to profit from "high standards"curricula, then there would be little problem in ensuring that most would succeed. But *all* encompasses those who are experiencing *external* and *internal* barriers that interfere with benefitting from what the teacher is offering. Thus, providing all students an equal opportunity to succeed requires more than higher standards and greater accountability for instruction, better teaching, increased discipline, reduced school violence, and an end to social promotion. It also requires a comprehensive, multifaceted approach to promote readiness by addressing barriers to development, learning, and teaching.

So, it is essential we begin with a brief reminder about the barriers that interfere with development and learning and then explore why schools should be concerned about addressing such factors before and after a student enters kindergarten. Our intent is to underscore why an expanded view of current school reforms is essential to enhancing initiatives to promote early education and learning.

The notion of barriers to development and learning encompasses external and internal factors (see Table 1). It is clear that too many youngsters are growing up in situations that not only fail to promote healthy development, but are antithetical to the process.

Because the focus on risk factors represents only one aspect of our intervention concerns, Table 2 highlights examples of protective factors to convey that facet that focuses on promoting healthy development and functioning.

Table 1. Examples of *Barriers to Development and Learning**

I. Neighborhood Risk Factors
>Extreme Economic Deprivation
>Community Disorganization, including High Levels of Mobility
>Community Violence, Drugs, etc.
>Minority and/or Immigrant Status

II. Family Risk Factors
>Family Poverty
>Family Conflict/Disruptions/Violence
>Family Substance Abuse
>Family Models Problem Behavior
>Abusive Parenting
>Inadequate Provision for Quality Child Care
>Insecure Attachment in the Early Years

III. Preschool and Peer Risk Factors
>Poor Quality Preschool
>Negative Encounters with Teacher
>Negative Encounters with Peers and/or Inappropriate Peer Models

IV. Individual/Constitutional Risk Factors
>Medical Problems
>Low Birth Weight and Neurodevelopmental Delay
>Psychophysiological Problems
>Difficult Temperament and Adjustment Problems

*For more on risk factors, see:

- Huffman, L.,Mehlinger, S., Kerivan, A. (2000). *Research on the Risk Factors for Early School Problems and Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School.* The Child and Mental Health Foundation and Agencies Network. http://www.nimh.nih.gov/childp/goodstart.cfm
- Hawkins, J.D. & Catalano, R.F. (1992). *Communities that care.* Jossey-Bass.

Table 2. Examples of *Protective* Factors*

I. Neighborhood ProtectiveFactors

>Strong Economic Conditions
>Safe and Stable Community
>Accessible Services

II. Family Protective Factors

>Adequate Financial Resources
>Nurturing, Supportive Family Members who are Positive Models
>Safe and Stable (Organized and Predictable) Home Environment
>Family Literacy
>Provision for High Quality Child Care
>Secure Attachment in the Early Years

III. Preschool and Peer Protective Factors

>Good Quality Preschool
>Positive Relationships with Teachers
>Positive Relationships with Peers and Appropriate Peer Models

IV. Individual/Constitutional ProtectiveFactors

>Higher Cognitive Functioning
>Psychophysiological Health (e.g., self-confidence)
>Easy Temperament, Outgoing Personality, and Positive Behavior
>Gender (girls less likely to develop problems)

*For more on protective factors, see:

- Huffman, L.,Mehlinger, S., Kerivan, A. (2000). *Research on the Risk Factors for Early School Problems and Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School.* The Child and Mental Health Foundation and Agencies Network. http://www.nimh.nih.gov/childp/goodstart.cfm
- Hawkins, J.D. & Catalano, R.F. (1992). *Communities that care*. Jossey-Bass.

Clearly, in some geographic areas, many youngsters are experiencing a wide range of problems stemming from restricted opportunities associated with poverty and low income, difficult and diverse family circumstances, high rates of mobility, lack of English language skills, violent neighborhoods, problems related to substance abuse, inadequate health care, and lack of enrichment opportunities. Such problems are exacerbated as youngsters internalize the frustrations of confronting barriers and the debilitating effects of performing poorly. For schools in some locales, the reality often is that over 50% of students at various grade levels manifest forms of behavior, learning, and emotional problems. For many youngsters, the trend increasingly is to refer them directly for counseling or for assessment in hopes of referral for special help – perhaps even special education assignment.

In some schools and classrooms, the number of referrals is dramatic. Where special teams have been established to review teacher requests for help, the list grows as the year proceeds. The longer the list, the longer the lag time for review – often to the point that, by the end of the school year, the team only has reviewed a small percentage of those on the list. And no matter how many are reviewed, there always are more referrals than can be served.

One solution might be to convince policy makers to fund more services. However, even if the policy climate favored expanding public services, more health and social services alone are not a comprehensive approach for addressing barriers to development and learning. More services to treat problems certainly are needed. But so are prevention and early-after-onset programs that can reduce the number of students teachers refer for special assistance. *And the process begins with promoting early development and learning and addressing barriers.*

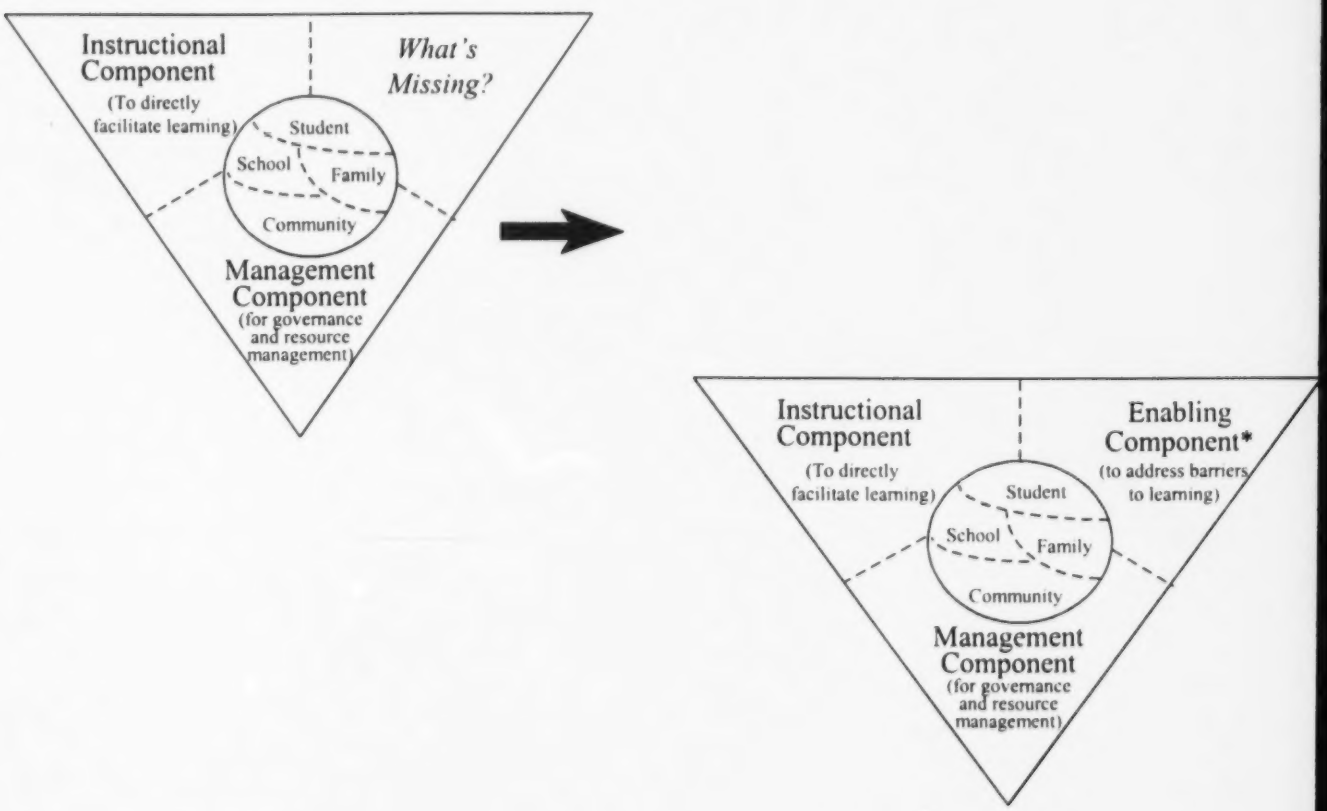
Needed: A Comprehensive, Multifaceted, and Integrated Approach to Addressing Barriers to Learning & Promoting Healthy Development

Ultimately, of course, addressing barriers to development and learning must be approached from a societal perspective and requires fundamental systemic reforms designed to improve efforts to support and enable learning. This calls for developing a continuum of community and school programs. Such a continuum must be *comprehensive, multifaceted,* and *integrated* and woven into three overlapping systems: systems of prevention, systems of early intervention to address problems as soon after onset as feasible, and systems of care for those with chronic and severe problems. (Again, see the figure on page 5).

Moving to a 3 Component Model for School Reform

With the full continuum in mind, pioneer initiatives around the country are demonstrating the need to rethink how schools and communities can meet the challenge of addressing persistent barriers to student learning. Such work points to the need to expand prevailing thinking about school reform. That is, it underscores that (a) current reforms are based on an inadequate two component model for restructuring schools and (b) movement to a three component model is necessary if schools are to benefit all young people appropriately (see figure below). Such a policy shift has profound implications for efforts to promote school readiness.

Moving from a two to a three component model for reform and restructuring



*The third component (an enabling component) is established in policy and practice as primary and essential and is developed into a comprehensive approach by weaving together school and community resources.

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A three component model calls for elevating efforts to address barriers to development, learning, and teaching to the level of one of three fundamental facets of education reform. All three components are seen as essential, complementary, and overlapping.

We call this third component an *Enabling Component.*[2]

> ***Enabling is defined as "providing with the means or opportunity; making possible, practical, or easy; giving power, capacity, or sanction to."***

The concept of an Enabling Component is formulated around the proposition that a comprehensive, multifaceted, integrated continuum of enabling activity *is essential* in addressing the needs of youngsters and maximizing early development and learning.

By calling for reforms that fully integrate a focus on addressing barriers to development and learning, the notion of an Enabling Component provides a unifying concept for responding to a wide range of psychosocial factors interfering with young people's learning and performance.

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[2] In establishing such a third component, some schools and education agencies around the country have labeled it a "Learning Supports" component or a "Supportive Learning Environment" component or a "Comprehensive Student Support System."

A Framework for an Enabling Component at a School Site

Operationalizing an enabling component requires (a) formulating a delimited framework of basic program areas and then (b) creating an infrastructure to restructure and enhance existing resources. Based on an extensive analysis of activity used to address barriers to learning, we cluster enabling activity into six interrelated areas (see figure on the next page).

As can be seen in the figure, the six areas are concerned with:

(1) enhancing the classroom teacher's capacity to address problems and foster social, emotional, intellectual and behavioral development,

(2) enhancing the capacity of schools to handle the many transition concerns confronting students and their families,

(3) responding to, minimizing impact, and preventing crises,

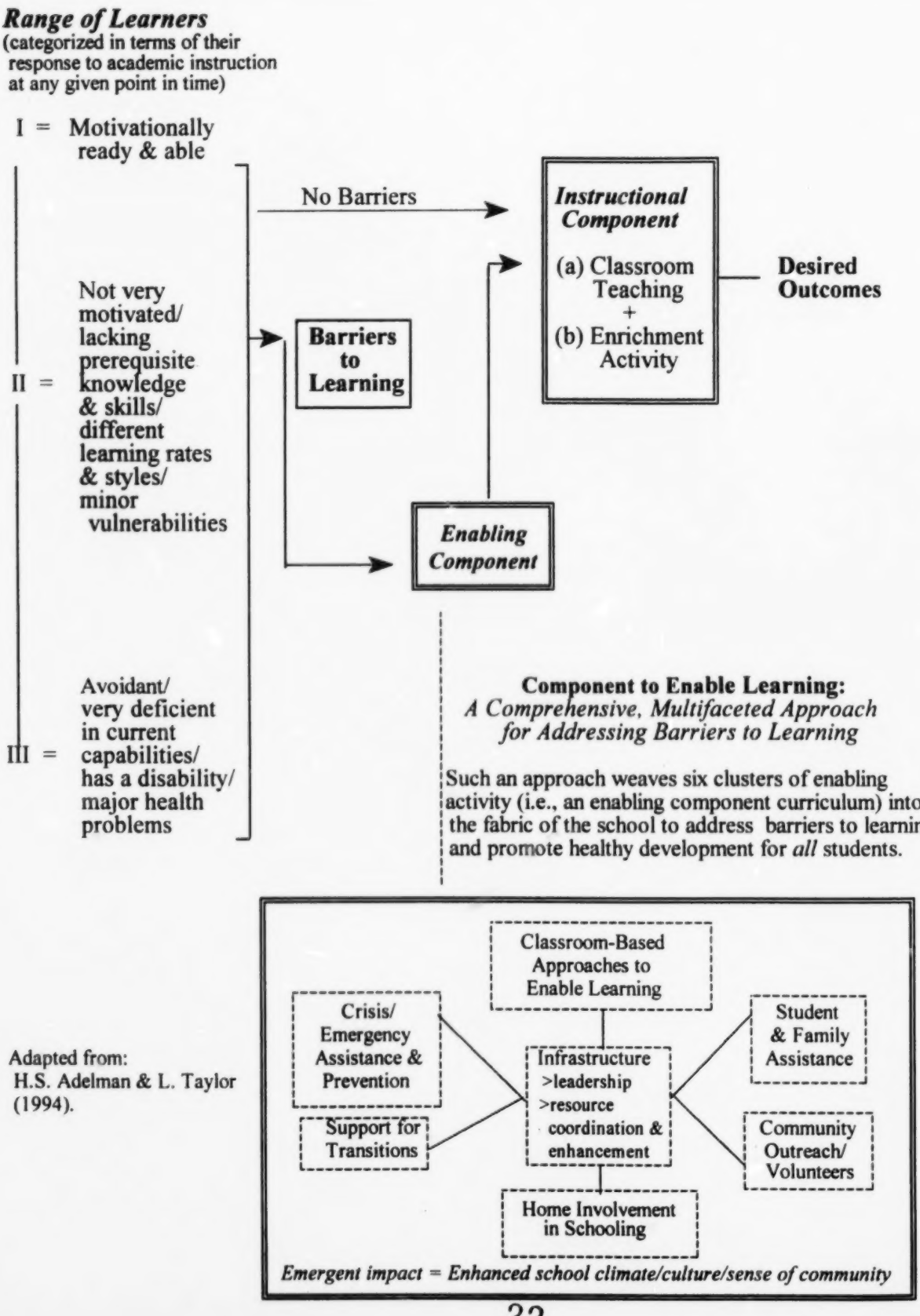
(4) enhancing home involvement,

(5) outreaching to the surrounding community to build linkages, and

(6) providing special assistance for students and families.

Each of these are briefly highlighted in Table 3.

Figure. An enabling component to address barriers to learning and enhance healthy development at a school site.


Range of Learners
(categorized in terms of their response to academic instruction at any given point in time)
I = Motivationally ready & able
II = Not very motivated/ lacking prerequisite knowledge & skills/ different learning rates & styles/ minor vulnerabilities
III = Avoidant/ very deficient in current capabilities/ has a disability/ major health problems
No Barriers
Barriers to Learning
Instructional Component
(a) Classroom Teaching
+
(b) Enrichment Activity
Desired Outcomes
Enabling Component
Component to Enable Learning:
A Comprehensive, Multifaceted Approach for Addressing Barriers to Learning
Such an approach weaves six clusters of enabling activity (i.e., an enabling component curriculum) into the fabric of the school to address barriers to learning and promote healthy development for all students.
Classroom-Based Approaches to Enable Learning
Crisis/ Emergency Assistance & Prevention
Support for Transitions
Infrastructure
>leadership
>resource coordination & enhancement
Student & Family Assistance
Community Outreach/ Volunteers
Home Involvement in Schooling
Emergent impact = Enhanced school climate/culture/sense of community

Adapted from:
H.S. Adelman & L. Taylor (1994).

Table 3

"Curriculum" Areas for an Enabling Component

(1) Enhancing teacher capacity for addressing problems and for fostering social, emotional, intellectual and behavioral development. When a classroom teacher encounters difficulty in working with a youngster, the first step is to see whether there are ways to address the problem within the classroom and perhaps with added home involvement. It is essential to equip teachers to respond to garden variety learning, behavior, and emotional problems using more than social control strategies for classroom management. Teachers must be helped to learn many ways to enable the learning of such students, and schools must develop school-wide approaches to assist teachers in doing this fundamental work. The literature offers many relevant practices. A few prominent examples are: prereferral intervention efforts, tutoring (e.g., one-to-one or small group instruction), enhancing protective factors, and assets building (including use of curriculum-based approaches to promoting social emotional development). Outcome data related to such matters indicate that they do make a difference (see accompanying Resource Aid Packet).

(2) Enhancing school capacity to handle the variety of transition concerns confronting students and their families. It has taken a long time for schools to face up to the importance of establishing transition programs. In recent years a beginning has been made. Transition programs are an essential facet of reducing levels of alienation and increasing levels of positive attitudes toward and involvement in school and learning activity. Thus, schools must plan, develop, and maintain a focus on transition concerns confronting students and their families. Examples of relevant practices are readiness to learn programs, before, during, and after school programs to enrich learning and provide safe recreation, articulation programs (for each new step in formal education, vocational and college counseling, support in moving to and from special education, support in moving to post school living and work), welcoming and social support programs, to and from special education programs, and school-to-career programs. Enabling successful transitions has made a significant difference in how motivationally ready and able students are to benefit from schooling.

(3) Responding to minimizing impact, and preventing crises. The need for crisis response and prevention is constant in many schools. Such efforts ensure assistance is provided when emergencies arise and follow-up care is provided when necessary and appropriate so that students are able to resume learning without undue delays. Prevention activity stresses creation of a safe and productive environment and the development of student and family attitudes about and capacities for dealing with violence and other threats to safety. Examples of school efforts include (1) systems and programs for emergency/crisis response at a site, throughout a complex/family of schools, and community-wide (including a program to ensure follow-up care) and (2) prevention programs for school and community to address safety and violence reduction, child abuse and suicide prevention, and so forth. Examples of relevant practices are establishment of a crisis team to ensure crisis response and aftermath interventions are planned and implemented, school environment changes and safety strategies, and curriculum approaches to preventing crisis events (violence, suicide, and physical/ sexual abuse prevention). Current trends stress school- and community-wide prevention programs.

(cont.)

Table 3 (cont). **"Curriculum" Areas for an Enabling Component**

(4) Enhancing home involvement. In recent years, the trend has been to expand the nature and scope of the school's focus on enhancing home involvement. Intervention practices encompass efforts to (1) address specific learning and support needs of adults in the home (e.g., classes to enhance literacy, job skills, ESL, mutual support groups), (2) help those in the home meet their basic obligations to their children, (3) improve systems to communicate about matters essential to student and family, (4) enhance the home-school connection and sense of community, (5) enhance participation in making decisions that are essential to the student, (6) enhance home support related to the student's basic learning and development, (7) mobilize those at home to problem solve related to student needs, and (8) elicit help (support, collaborations, and partnerships) from those at home with respect to meeting classroom, school, and community needs. The context for some of this activity may be a parent center (which may be part of the Family and Community Service Center Facility if one has been established at the site).

(5) Outreaching to the community to build linkages and collaborations. The aim of outreach to the community is to develop greater involvement in schooling and enhance support for efforts to enable learning. Outreach may be made to (a) public and private community agencies, colleges, organizations, and facilities, (b) businesses and professional organizations and groups, and (c) volunteer service programs, organizations and clubs. Efforts in this area might include 1) programs to recruit and enhance community involvement and support (e.g., linkages and integration with community health and social services; cadres of volunteers, mentors, and others with special expertise and resources; local businesses to adopt-a-school and provide resources, awards, incentives, and jobs; formal partnership arrangements), 2) systems and programs specifically designed to train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer and cross-age tutors/counselors, and professionals-in-training to provide direct help for staff and students--especially targeted students), 3) outreach programs to hard-to-involve students and families (those who don't come to school regularly--including truants and dropouts), and 4) programs to enhance community-school connections and sense of community (e.g., orientations, open houses, performances and cultural and sports events, festivals and celebrations, workshops and fairs). A Family and Community Service Center Facility might be a context for some of this activity. (Note: When there is an emphasis on bringing community services to school sites, care must be taken to avoid creating a new form of fragmentation where community and school professionals engage in a form of parallel play at school sites.)

(6) Providing special assistance for students and families. Some problems cannot be handled without a few special interventions; thus the need for student and family assistance. The emphasis is on providing special services in a personalized way to assist with a broad range of needs. School-owned,- based, and -linked interventions clearly provide better access for many youngsters and their families. Moreover, as a result of initiatives that enhance school-owned support programs and those fostering school-linked services and school-community partnerships (e.g., full service schools, family resource centers, etc.), more schools have more to offer in the way of student and family assistance. In current practice, available social, physical and mental health programs in the school and community are used. Special attention is paid to enhancing systems for prereferral intervention, triage, case and resource management, direct services to meet immediate needs, and referral for special services and special education resources and placements as appropriate. A growing body of data indicates the current contribution and future promise of work in this area.

Unfortunatately, most school reformers seem unaware that if all students are to benefit from higher standards and improved instruction, schools must play a major role in developing such programs and systems. It is time for reform advocates to expand their emphasis on improving instruction and school management to include a comprehensive component for addressing barriers to learning, and they must pursue this third component with the same priority they devote to the other two.

Keeping Mutual Support, Caring, and a Sense of Community in Mind

In clarifying the various elements of an Enabling Component, there is danger of losing the "big picture." Ultimately, such a component and its various program areas must blend with the other two components in ways that create an atmosphere encouraging mutual support, caring, and a sense of community.

The degree to which such an atmosphere can be created seems highly related to how well we are likely to prevent and ameliorate learning, behavior, and emotional problems. Thus, in developing an enabling component, there must be a constant focus on enhancing a supportive and caring context for development and learning in ways that contribute to a psychological sense of community.

People can be together without feeling connected or feeling they belong or feeling responsible for a collective vision or mission. A psychological sense of community exists when a critical mass of stakeholders are committed to each other and to the setting's goals and values and exert effort toward the goals and maintaining relationships with each other.

A perception of community is shaped by daily experiences and probably is best engendered when a person feels welcomed, supported, nurtured, respected, liked, connected in reciprocal relationships with others, and a valued member who is contributing to the collective identity, destiny, and vision. Practically speaking, such feelings seem to arise when a critical mass of participants not only are committed to a collective vision, but also are committed to being and working together in supportive and efficacious ways.

That is, a conscientious effort by enough stakeholders associated with a school or class seems necessary for a sense of community to develop and be maintained. Such an effort must ensure effective mechanisms are in place to provide support, promote self-efficacy, and foster positive working relationships.

There is an obvious relationship between maintaining a sense of community and sustaining morale and minimizing burn out in any program.

Programs and Their Communities

Many programs are isolated from their surrounding communities. Many program staff are isolated in their buildings. Many youngsters and families feel alienated from programs and staff. Diversity too often is viewed in terms of irreconcilable differences rather than a multifaceted base from which to draw resources to accomplish shared goals.

If school and community reforms are to be effective, programs must work toward taking their place as an integral and integrated part of the community. For example, schools need to be a major hub in a neighborhood -- a place where the neighborhood comes to learn and play together, share experiences and wisdom, nurture each other, and strengthen young people, families, and the fabric of community life. Some leaders have a vision of a school as the heart of a neighborhood and the classroom as a youngster's home away from home.

The concept of an enabling component provides an umbrella for moving forward to ensure that youngters and families feel a positive bond with programs and staff, staff work collegially in support of each other and the program's mission, and schools are precious resources throughout the neighborhood of which they are a part. The various facets of such a component focus on the barriers that must be addressed and do so in ways that build on the diversity of strengths found in all schools and communities.

Concluding Comments

In this paper, we have viewed early development and learning from the perspective of our work on addressing barriers to learning. From this perspective, it is our view that the fragmentation and marginalization that characterizes early childhood policies and practices will continue as long as school and community reform initiatives continue to fragment and marginalize their role in addressing barriers to development and learning. Thus, we have suggested that promoting school readiness needs to be thought about in the context of efforts to expand school reform to account for barriers in a comprehensive and multifaceted manner. To do less is to maintain and perhaps worsen an unsatisfactory status quo.

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CENTER FOR MENTAL HEALTH IN SCHOOLS, UCLA

Reports and Briefs Related to System Restructuring to Address Barriers to Learning

One facet of the Center's work involves development of reports and briefs. One subgroup of these is being developed in response to requests for concise overviews that can catch the attention of various stakeholders (e.g., administrators, policy makers, parents, teachers, community partners, support service personnel). In creating systemic change, multiple audiences need concise and cohesive information ranging from "big picture" overviews to step-by-step guides. The information and its effective communication are basic to "social marketing" related to systemic change.

Each document cited below is designed to stand alone; together they constitute a series of complementary works relevant to system restructuring for addressing barriers to student learning and promoting healthy development. They range from presentations of vision and overview to discussions of how to get there from here (how to steps and tasks). All are downloadable from our website: http://smhp.psych.ucla.edu or can be ordered for the cost of copying and handling. Major guidebooks related to these matters also are available.

Overview/Vision/Research Base

- *Introduction to a component for Addressing Barriers to Student Learning*
- *Expanding Educational Reform to Address Barriers to Learning: Restructuring Student Support Services and Enhancing School-Community Partnerships*
- *Addressing Barriers to Student Learning & Promoting Healthy Development: A Usable Research-Base*

Policy Direction & Commitment

- *Addressing Barriers to Student Learning: Closing Gaps in School/Community Policy and Practice*
- *The Policy Problem and a Resolution to Guide Organizations Working toward Policy Cohesion*
- *Restructuring Boards of Education to Enhance Schools' Effectiveness in Addressing Barriers to Student Learning*
- *Pioneer Initiatives to Reform Education Support Programs: Report/Separate Executive Summary*

Building and Sustaining Local Capacity

- *Resource-Oriented Teams: Key Infrastructure Mechanisms for Enhancing Education Supports*
- *Organization Facilitators: A Change Agent for Systemic School and Community Changes*
- *Financing Mental Health for Children & Adolescents: Brief and Fact Sheet*
- *New Initiatives: Considerations Related to Planning, Implementing, Sustaining, and Going-to-Scale*

New Professional Roles and Functions

- *Framing New Directions for School Counselors, Psychologists, & Social Workers*

This Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspice of the School Mental Health Project, Dept. of Psychology, UCLA.
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Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration (Project #U93 MC 00175) with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Both are agencies of the U.S. Department of Health

We hope you found this to be a useful resource.
There's more where this came from!

This packet has been specially prepared by our Clearinghouse. Other Introductory Packets and materials are available. Resources in the Clearinghouse are organized around the following categories.

Systemic Concerns

- Policy issues related to mental health in schools
- Mechanisms and procedures for program/service coordination
  - Collaborative Teams
  - School-community service linkages
  - Cross disciplinary training and interprofessional education
- Comprehensive, integrated programmatic approaches (as contrasted with fragmented, categorical, specialist oriented services)
- Issues related to working in rural, urban, and suburban areas
- Restructuring school support service
  - Systemic change strategies
  - Involving stakeholders in decisions
  - Staffing patterns
  - Financing
  - Evaluation, Quality Assurance
  - Legal Issues
- Professional standards

Programs and Process Concerns

- Clustering activities into a cohesive, programmatic approach
  - Support for transitions
  - Mental health education to enhance healthy development & prevent problems
  - Parent/home involvement
  - Enhancing classrooms to reduce referrals (including prereferral interventions)
  - Use of volunteers/trainees
  - Outreach to community
  - Crisis response
  - Crisis and violence prevention (including safe schools)
- Staff capacity building & support
  - Cultural competence
  - Minimizing burnout
- Interventions for student and family assistance
  - Screening/Assessment
  - Enhancing triage & ref. processes
  - Least Intervention Needed
  - Short-term student counseling
  - Family counseling and support
  - Case monitoring/management
  - Confidentiality
  - Record keeping and reporting
  - School-based Clinics

Psychosocial Problems

- Drug/alcoh. abuse
- Depression/suicide
- Grief
- Dropout prevention
- Gangs
- Pregnancy prevention/support
- Eating problems (anorexia, bulim.)
- Physical/Sexual Abuse
- Neglect
- Gender and sexuality
- Self-esteem
- Relationship problems
- Anxiety
- Disabilities
- Reactions to chronic illness
- School adjustment (including newcomer acculturation)
- Learning, attention & behavior problems